Declaration, Power Of Attorney And Petition

I, RUDOLF EDGAR FALK, declare that I am a citizen of Canada, residing at 57 Rose Park Drive, Toronto, Ontario, M4T 1R2, Canada; that I have reviewed and understood the contents of the attached Specification, including the Claims as amended by any amendments referred to and I verily believe I am the original, first and joint inventor of the invention in TREATMENT EMPLOYING HYALURONIC ACID AND NSAIDS described and claimed in the attached specification; that I do not know and do not believe that this invention was ever known or used in the United States of America before my invention or discovery thereof, or patented or described in any printed publication in any country before my invention or discovery thereof, or more than one year prior to this application; that this invention was not in public use or on sale in the United States of America for more than one year prior to this application; that this invention or discovery has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve (12) months before this application; that I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with 37 CFR 1.56(a), and that no application for patent or inventor's certificate on this invention or discovery has been filed by me or my representatives or assigns in any country foreign to the United States of America except as follows:

Canadian Application Serial Number *, filed on February 20, 1992 from which application convention priority is claimed.

And I hereby appoint IVOR M. HUGHES, Suite 200, 175 Commerce Valley, Drive West, Thornhill, Ontario, L3T 7P6 Canada, Registration Number 27,759, and NEIL H. HUGHES, Suite 200, 175 Commerce Valley, Drive West, Thornhill, Ontario, L3T 7P6 Canada, Registration Number 33,636, as my attorneys or agents to prosecute this application and to transact all business in the Patent Office connected therewith.

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

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I declare further that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

INVENTOR	RUDOLF	EDGAR	FALK
	First Name	Middle Name	Last Name
		11	
	Signature		
DATE	amil	9.	1992
	Month	Day	Year

POST OFFICE ADDRESS

> Second Floor 890 Yonge Street Toronto, Ontario M4W 3P4 Canada

CAX

Declaration, Power Of Attorney And Petition

2-00

SIMON ASCULAI, declare that I am a citizen of Canada, I, SAMUEL residing at 53 McCaul Street, Apartment #252, Toronto, Ontario, M6M 2B6 Canada; that I have reviewed and understood the contents of the attached Specification, including the Claims as amended by any amendments referred to and I verily believe I am the original, first and joint inventor of the invention in TREATMENT OF DISEASE EMPLOYING HYALURONIC ACID AND NSAIDS described and claimed in the attached specification; that I do not know and do not believe that this invention was ever known or used in the United States of America before my invention or discovery thereof, or patented or described in any printed publication in any country before my invention or discovery thereof, or more than one year prior to this application; that this invention was not in public use or on sale in the United States of America for more than one year prior to this application; that this invention or discovery has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve (12) months before this application; that I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with 37 CFR 1.56(a), and that no application for patent or inventor's certificate on this invention or discovery has been filed by me or my representatives or assigns in any country foreign to the United States of America except as follows:

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INVENTOR	SAMUEL	SIMON		ASCULAI
	First Name	Middle Name	,	Last Name
•	Signature			
DATE	april	9.		1992 [.]
	Month	Day		Year

POST OFFICE ADDRESS

8 King Street East Suite 202 Toronto, Ontario M5C 1B5 Canada